

PROOF OF VALID & TRUE IDENTIFICATION

As per UCA 32A-1-303 and 32A-1-304

FULL LEGAL

NAME: _____
LAST FIRST MIDDLE TITLES

RESIDENCE

ADDRESS: _____
Number / Street / Apartment City State Zip Code

WEIGHT: _____ EYE COLOR: _____ DATE OF BIRTH: _____
Month / Day / Year

HEIGHT: _____ FEET _____ INCHES SEX: _____ HAIR COLOR: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

OR TAX IDENTIFICATION NUMBER: _____

TYPE OF IDENTIFICATION PRESENTED:

DRIVERS LICENSE NUMBER: _____ STATE: _____

IDENTIFICATION CARD NUMBER: _____ STATE: _____

MILITARY IDENTIFICATION NUMBER: _____ BRANCH: _____

PASSPORT NUMBER: _____ ISSUING COUNTRY: _____

NO IDENTIFICATION HOWEVER APPEARS TO BE OVER 30 YEARS OF AGE: _____

I am currently _____ as of today's date.

Print Current Age

I _____, the undersigned, state that I am the individual described

(Print Name)

above on this form and that the information recorded herein is true and correct to the best of my knowledge. I am fully aware that if it is found that I knowingly provided false information on this form that I would be subject to criminal prosecution.

X _____ DATE: _____ / _____ / _____
Signature of Above Described Individual Day Month Year

WITNESS: If they have no identification and are in the company of someone who has proper identification that person may attest below as per UCA 32A-1-303

I _____, the undersigned, do hereby attest that the information

(Print Name)

recorded above on this form is true and correct to the best of my knowledge. I am fully aware that if the above listed information is found to be knowingly false that I would be subject to criminal prosecution.

X _____ DATE: _____ / _____ / _____
Signature of Above Stated Witness Day Month Year

Accepted By: _____ Title: _____

(Print Name of Liquor Licensee Employee)

X _____ DATE: _____ / _____ / _____
Signature of Liquor Licensee Employee Day Month Year